

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

JA100125

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
<p>NAME (LAST - FIRST - M.I.) BOGOY, GREGORY R</p> <p>STAR NO. 19101</p> <p>DATE OF APPOINTMENT 15-JUL-2013</p> <p>UNIT OF ASSIGNMENT 005</p> <p>SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE WHITE</p> <p>HEIGHT 601</p> <p>WEIGHT 175</p>		<p>1. INDOOR <input type="checkbox"/> 2. OUTDOOR <input checked="" type="checkbox"/></p> <p>ADDRESS OF OCCURRENCE 12504 S STATE ST</p> <p>CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago)</p> <p>LOCATION CODE 304-STREET</p> <p>BEAT OF OCCURRENCE 0523</p> <p>DATE OF OCCURRENCE 01-JAN-2017</p> <p>TIME 02:14:00</p> <p>DAY OF WEEK SUNOAY</p> <p>NO. OF OFFICERS BATTERED 3</p> <p>WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO</p> <p>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 4</p>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<p><input checked="" type="checkbox"/> 1. ON DUTY</p> <p><input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY</p> <p><input type="checkbox"/> B. UNIFORM, OTHER DUTY</p> <p>Describe _____</p> <p><input type="checkbox"/> C. CITIZEN'S DRESS</p> <p><input type="checkbox"/> D. TACTICAL</p> <p><input type="checkbox"/> E. B.I.S. UNIT</p> <p><input type="checkbox"/> F. SPECIAL EMPLOYMENT</p> <p><input type="checkbox"/> G. OTHER _____</p> <p><input type="checkbox"/> 2. OFF DUTY</p> <p><input type="checkbox"/> 3. SPECIAL EMPLOYMENT</p> <p><input type="checkbox"/> 4. SECONDARY / OTHER</p>		<p>WORKING:</p> <p><input type="checkbox"/> A. ALONE</p> <p><input type="checkbox"/> B. WITH ONE PARTNER</p> <p><input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS</p> <p>How many? 3</p> <p>PATROL TYPE:</p> <p><input checked="" type="checkbox"/> A. SQUAD CAR</p> <p><input type="checkbox"/> B. FOOT</p> <p><input type="checkbox"/> C. BICYCLE</p> <p><input type="checkbox"/> D. APV/MOTORCYCLE</p> <p><input type="checkbox"/> E. SQUADROL</p> <p><input type="checkbox"/> F. OTHER _____</p>	
TYPE OF ACTIVITY			
<p><input type="checkbox"/> A. AMBUSH - NO WARNING</p> <p><input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT</p> <p><input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON</p> <p><input type="checkbox"/> D. DISTURBANCE - DOMESTIC</p> <p><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT</p> <p><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER</p> <p><input type="checkbox"/> G. DISTURBANCE - OTHER</p> <p><input type="checkbox"/> H. MAN WITH A GUN</p> <p><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____</p> <p><input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____</p> <p><input checked="" type="checkbox"/> K. OTHER</p>		<p>PERCEIVED REACHING FOR FIREARM</p> <p><input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE</p> <p><input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE</p> <p><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT</p> <p>FIREARM USE INFORMATION (Check all that apply):</p> <p><input type="checkbox"/> A. OFFICER AT GUNPOINT</p> <p><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED</p> <p><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON</p>	
OFFENDER INFORMATION			
<p>SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F</p> <p>RACE BLACK</p> <p>DOB 03-APR-1973</p> <p>CB NO. 19417085</p>		<p>IR NO. _____</p>	
<p>WAS THE OFFENDER'S ACTIVITY DRUG RELATED?</p> <p><input type="checkbox"/> 1. YES</p> <p><input type="checkbox"/> 2. NO</p> <p><input checked="" type="checkbox"/> 3. UNKNOWN</p> <p>GANG RELATED?</p> <p><input type="checkbox"/> 1. YES</p> <p><input type="checkbox"/> 2. NO</p> <p><input checked="" type="checkbox"/> 3. UNKNOWN</p>			
<p>NO. OF OFFENDERS PRESENT? 1</p>			
TYPE OF INJURY TO OFFICER		WEATHER CONDITIONS	
<p><input type="checkbox"/> A. FATAL</p> <p><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries)</p> <p><input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Mirror Abrasions)</p> <p><input type="checkbox"/> D. NONE APPARENT/NONE</p>		<p>LIGHTING CONDITIONS AT INCIDENT</p> <p><input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK</p> <p><input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT</p> <p><input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR</p> <p><input type="checkbox"/> 2. GOOD</p> <p>WEATHER CONDITIONS</p> <p><input checked="" type="checkbox"/> A. CLEAR</p> <p><input type="checkbox"/> B. RAIN</p> <p><input type="checkbox"/> C. SNOW</p> <p><input type="checkbox"/> D. FOG / SMOKE / HAZE</p> <p><input type="checkbox"/> E. SLEET / HAIL</p> <p><input type="checkbox"/> F. SEVERE CROSS WIND</p>	
<p>APPROXIMATE OUTDOOR TEMPERATURE: 28 °F</p> <p>LOG # 1083546</p>			

LOG# 108354

Attachment 15

REPORTING MEMBER - SIGNATURE BOGYO, GREGORY R	STAR NO. 19101	WATCH COMMANDER/UNIT COMMANDING OFFICER- SIGNATURE STAR NO. GUTIERREZ, ADNARDO	714
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